

Fill in this information to identify the case:

Debtor name **BBC GROUP NV, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **22-11538**
☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 2019 through 2022 taxes, most amounts estimated by IRS per Proof of Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349,748.39 \$349,748.39

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address AlSCO 2300 N Commerce Street North Las Vegas, NV 91203 Date(s) debt was incurred 1/1/2021 Last 4 digits of account number na	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$20,000.00
3.2 Nonpriority creditor's name and mailing address Cref X LV Crossroads LLC 2425 East Camelback Rd, Suit 750 Phoenix, AZ 85016 Date(s) debt was incurred 4/1/2021 Last 4 digits of account number NA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Property lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$100,000.00

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3.3	Nonpriority creditor's name and mailing address Dynamic Town Square Las Vegas, LLC 1725 21st Street Santa Monica, CA 90404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$12,831.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Lease - rent, CAM charges and late charges Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Harsch Investment 1121 SW Salmon St, suite 500 Portland, OR 97205 Date(s) debt was incurred <u>1/1/2021</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: Check all that apply. \$20,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Property Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Hartford Financial NV One Pierce Place, suite 725W Itasca, IL 60143 Date(s) debt was incurred <u>5/1/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$14,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Insurance premium Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Island Life Restaurant LLC 1427 10th Ave Seattle, WA 98122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$200,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Lawsuit No. 2:18-cv-01011-RSM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address JPMC C/O National Bankruptcy Services, L PO BOX 9013 Addison, TX 75001 Date(s) debt was incurred ____ Last 4 digits of account number <u>5668</u>	As of the petition filing date, the claim is: Check all that apply. \$27,732.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address JPMC C/O National Bankruptcy Services, L PO BOX 9013 Addison, TX 75001 Date(s) debt was incurred ____ Last 4 digits of account number <u>3986</u>	As of the petition filing date, the claim is: Check all that apply. \$12,352.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Nevada Energy 6226 W Sahara Ave Las Vegas, NV 89146 Date(s) debt was incurred <u>12/1/2021</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: Check all that apply. \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.10	Nonpriority creditor's name and mailing address Paychex 911 Panorama trail south Rochester, NY 14625 Date(s) debt was incurred <u>2/1/2021</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address S Larson Family Limited 583 St Croix Henderson, NV 91203 Date(s) debt was incurred <u>2/1/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$186,382.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Property lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Small Business Administration PO Box 740192 Atlanta, GA 30374-0192 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Paycheck Protection Program Loan #1 and #2 (forgiven), Economic Injury Disaster Loan (EIDL)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Southwest Gas P.O.Box 98890 Las Vegas, CA 89193 Date(s) debt was incurred <u>12/1/2021</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,045.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Sysco 6201 East Centennial Parkway Las Vegas, NV 89115 Date(s) debt was incurred <u>5/27/2018</u> Last 4 digits of account number <u>3133</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Two Hatfield LLC, a California LLC 8655 Crescent Drive Los Angeles, CA 90046 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,113,202.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease dated January 28, 2019 for unpaid rent and remainder of lease term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Waste Management P.O.Box 43530 Phoenix, AZ 85080 Date(s) debt was incurred <u>12/31/2021</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

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4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **349,748.39**5b. + \$ **1,979,046.40**5c. \$ **2,328,794.79**